

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S15654

1. Entity Name

GENERAL TRADING INTERNATIONAL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90015 025 ***150.00

Principal Place of Business

6900 NW 43RD ST.
MIAMI FL 33166
US

Mailing Address

6900 NW 43RD ST.
MIAMI FL 33166-6826
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0269395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, GABRIEL
9555 N. KENDALL DR., STE 200
STE. 1040
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
FRANCIS, PATRICK
10930 SW 136 COURT
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
VORBE, REGINALD
10280 SW 144 PLACE
MIAMI FL 33186

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
VORBE, JEAN M
10279 SW 144 PLACE
MIAMI FL 33186

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)